



STELLAR J CORPORATION
COMPLETE PAY APPLICATION FORMS PACKAGE
FOR SUBCONTRACTORS

PROJECT: KOONTZ RD BRIDGE EMERGENCY BRIDGE REPAIR - SJC JOB NO. 25008

THIS COMPLETE PAY APPLICATION PACKAGE INCLUDES THE FOLLOWING FORMS:

- 1) Application For Payment
- 2) Sub-Subcontractor, Subcontractor, and Trade Union Disclosure Form (See Note ***)
- 3) Conditional Waiver and Release Upon Progress Payment
- 4) Conditional Waiver and Release Upon Final Payment

ALL LISTED FORMS SHALL BE COMPLETED IN THEIR ENTIRETY***AND SUBMITTED –
ALONG WITH SUBCONTRACTOR’S INVOICE BY EMAIL TO ALL OF THE FOLLOWING
LISTED PARTIES:

AP@STELLARJ.COM

JOEM@STELLARJ.COM

ANDREA@STELLARJ.COM

ON ALL FORMS, PLEASE INCLUDE THE FOLLOWING INFORMATION:

- The SC Number (i.e., SC25008-XXX)
- The Legal Name of Subcontractor
- The Subcontractor’s mailing address

FAILURE TO SUBMIT A COMPLETE PAY APPLICATION TO CONTRACTOR WITH
ALL REQUIRED IDENTIFYING INFORMATION MAY DELAY PAYMENT

NOTE*** If Subcontractor does not have any sub-tier subcontractors, suppliers or consultants, please
mark “Not Applicable” on the form and return with your payment package.



APPLICATION FOR PAYMENT

Subcontract No. SC25008 _____

**Project: Koontz Road Emergency
Bridge Repair**

SJC Job No. 25008

Application Date: _____

Invoice Date (if different): _____

Application No. _____

Invoice No.: _____

Period Ending: _____

TO CONTRACTOR:

STELLAR J CORPORATION
1363 Down River Drive
Woodland, WA 98674

SUBCONTRACTOR'S ADDRESS:

1	ORIGINAL SUBCONTRACT AMOUNT:	\$	_____
2	Net change by Change Orders ___ through ___:	\$	_____
3	REVISED SUBCONTRACT AMOUNT	\$	_____
4	TOTAL COMPLETED & STORED TO DATE:	\$	_____
5	RETAINAGE: FIVE PERCENT (5%)	\$	_____
6	TOTAL EARNED LESS RETAINAGE:	\$	_____
7	PREVIOUS BILLINGS:	\$	_____
8	CURRENT PAYMENT DUE: (line 6 less line 7)	\$	_____
9	BALANCE TO FINISH, INCLUDING RETAINAGE:	\$	_____

INVOICES MUST BE SUBMITTED WITH ALL SUPPORTING DOCUMENTATION VIA EMAIL

I hereby represent that I have reviewed the relevant records of SUBCONTRACTOR and have personal knowledge to make the following representations. I hereby certify that the work performed and the materials supplied to date, as shown above represent the actual value of accomplishment under the terms of the Subcontract (and all authorized changes thereto) between the undersigned and Stellar J Corporation relating to the above referenced project. I also certify that all laborers, materialmen, suppliers, contractors, subcontractors, and designers professionals, used on or in connection with the performance of this contract have been paid in full or will be paid in full from funds to be received from this payment within 10 days of receipt, except as noted on the following page. Laborers shall be interpreted to include all employee benefits due to the employee, trade union, and/or trust. I further certify that I have complied with all Federal, State, and Local tax laws, including Social Security laws and Unemployment Compensation laws and Workmen's Compensation laws insofar as applicable to the performance of this Contract. Furthermore, in consideration of the payments received, and upon receipt of the amount of this request, the undersigned does hereby waive, release and relinquish any and all claims under any applicable surety bond, rights of lien upon the above premises, and causes of action which the undersigned may now have or hereafter acquire, except for rights to the extent that payment is retained pursuant to written agreement or payment to become due for work performed subsequent to the date hereof.

(Legal Name of SUBCONTRACTOR)

By: _____
(signature)

Name: _____
(printed or typed)

Title: _____

Date: _____



**SUB-SUBCONTRACTOR,
SUBCONTRACTOR, AND TRADE UNION
DISCLOSURE FORM**

Subcontract No. SC25008 _____

**Project: Koontz Road Emergency
Bridge Repair**

SJC Job No. 25008

SUBCONTRACTOR: _____

Related Payment Application No. _____ **Related Invoice No.** _____

Identify all materialmen, suppliers, contractors, and subcontractors that have or will perform work on or in connection with the performance of this Subcontract in excess of \$10,000.00 or 5% of the Subcontract Amount, whichever is greater.

Sub-Subcontractor / SUBCONTRACTOR	Contact Person	Phone Number	Cost Incurred to Date	Total Anticipated Cost

Identify all trade unions that have or will provide labor in connection with the performance of this Subcontract .

Trade Union	Contact Person	Phone Number	Fringe Benefits Incurred to Date	Total Anticipated Fringe Benefits

I hereby certify that the above information accurately identifies all materialmen, SUBCONTRACTORS, contractors, subcontractors and trade unions used on or in connection with the performance of this Subcontract.

(Legal Name of SUBCONTRACTOR)

By: _____
(signature)

Name: _____
(printed or typed)

Title: _____

Date: _____



**CONDITIONAL WAIVER AND RELEASE
UPON PROGRESS PAYMENT**

Subcontract No. SC25008 _____

**Project: Koontz Road Emergency
Bridge Repair**

SJC Job No. 25008

The undersigned, _____ (“SUBCONTRACTOR”), upon receipt of a check in the sum of _____ Dollars (\$ _____) (“Current Progress Payment Due”) payable to SUBCONTRACTOR, and when the check has been properly endorsed and has been paid by the bank upon which it is drawn, hereby waives and releases any construction lien, stop notice, bond claim and other claim that SUBCONTRACTOR has or may have with respect to its portion of the Work on the KOONTZ RD BRIDGE EMERGENCY BRIDGE REPAIR (“Project”) under and related to the Contract DOCUMENTS FOR THE PROJECT BETWEEN STELLAR J CORPORATION (“Contractor”) and the WASHINGTON STATE DEPARTMENT OF TRANSPORTATION and the SECRETARY OF TRANSPORTATION (collectively the “Owner”) dated December 31, 2025 to the following extent.

The undersigned represents, upon receipt of the Current Progress Payment, the status of its contract will be as follows:

Contract Amount: \$ _____
Amount paid to date: \$ _____
Retainage withheld to date: \$ _____

This waiver and release is effective as to Stellar progress payment(s) number(s) _____ and/or SUBCONTRACTOR invoice number(s) _____ for labor, services, materials and equipment furnished and all other claims by SUBCONTRACTOR and its subcontractors and suppliers at all tiers during the period commencing on and including _____ and ending on and including _____, but excluding applicable retainage.

This document may be relied upon by Contractor, Owner, any lender providing financing for the Project and any surety on any applicable bond; provided that any party intending to rely upon this document should first verify evidence of payment to SUBCONTRACTOR of the full amount set out above.

(Legal Name of SUBCONTRACTOR)

By: _____
(signature)

Name: _____
(printed or typed)

Title: _____

Date: _____



**CONDITIONAL WAIVER AND RELEASE
UPON FINAL PAYMENT**

Subcontract No. SC25008 _____

**Project: KOONTZ RD BRIDGE
EMERGENCY REPAIR
SJC Job No. 25008**

The undersigned, _____ (“SUBCONTRACTOR”), upon receipt of a check in the sum of _____ Dollars (\$ _____) payable to SUBCONTRACTOR, and when the check has been properly endorsed and has been paid by the bank upon which it is drawn, hereby waives and releases any construction lien, stop notice, bond claim and other claim that SUBCONTRACTOR has or may have with respect to its portion of the Work on the Koontz Road Emergency Bridge Repair SJC Job No. 25008 Project located along the Interstate 5 corridor (“I-5”) between Mile Post (“MP”) 69.35 to MP 69.48 in Lewis County, State of WASHINGTON (“Project”) under and related to the Contract Documents for the Project between STELLAR J CORPORATION (“Contractor”) and the WASHINGTON STATE DEPARTMENT OF TRANSPORTATION and the SECRETARY OF TRANSPORTATION (collectively the “Owner”) dated December 31, 2025.

This waiver and release is effective as to final payment for all labor, services, materials, and equipment furnished by SUBCONTRACTOR and its subcontractors and suppliers at all tiers including retainage.

This document may be relied upon by Contractor, Owner, any lender providing financing for the Project and any surety on any applicable bond; provided that any party intending to rely upon this document should first verify evidence of payment to SUBCONTRACTOR of the full amount set out above.

(Legal Name of SUBCONTRACTOR)

By: _____
(signature)

Name: _____
(printed or typed)

Title: _____

Date: _____